



Health Equity, Diversity, and Inclusion Council

Year in Review

July 2021



Purpose

Access to timely and quality healthcare is a basic right. It should neither be predicated, nor withheld on the basis of one's race, gender, or lifestyle. George Floyd's murder illuminated disparate treatment in a number of ways, including the inequities in how critical care may be accessed by minorities. It also unveiled a level of trauma under which a substantial proportion of our citizens live their lives. With this understanding, the Ohio Association of County Behavioral Health Authorities (OACBHA) issued a declaration of Racism as a Public Health Crisis and subsequently established the Health Equity, Diversity, and Inclusion Council. This report summarizes the context, goals, activities, and accomplishments since the Council's formation in July 2020. It further highlights our priorities for the coming year. We encourage readers of this brief report to join us in our deliberate efforts to understand and achieve diverse inclusion for all. We look forward to working in partnership with state and community leaders to advance a more equitable future for all Ohioans.

The Importance of Our Work

Ohio was already in the midst of a public health crisis with roughly 13 Ohioans dying each day from unintentional drug overdoses. Approximately five people a day took their own lives. Every community in our state is affected by the repercussions of the drug epidemic and mental illness. These challenges touch the lives of all Ohioans, regardless of race, ethnicity, or socio-economic background. While confronting one behavioral health crisis, another slowly emerged with the spread of the coronavirus pandemic.

COVID-19 caused unimaginable health, emotional, and financial hardships and took its heaviest toll on communities of color. Evidence has shown that Black and Latino populations have been disproportionately affected by the virus. On May 20, 2020, case data from the Ohio Department of Health showed that in COVID-19 cases where race was specified, Blacks, who comprise about 14% of Ohio's population, made up 25% of COVID-19 cases; Latinos, who make up 3.9% of the population, accounted for 6% of COVID-19 cases. The Ohio Department of Health data also shows the impact on Asian Americans, Hawaiian Native – Pacific Islanders, American Indian – Alaskan Natives, and other multiracial individuals.

The impact was far reaching. Ohioans reported new or intensified stressors from loss of routine, separation from friends and family, loss of employment, financial difficulty, and fear of the virus. This resulted in increased fear and anxiety, increased stress due to financial problems, and increased loneliness and depression. People who never experienced mental health concerns previously were affected by the pandemic and those in recovery were disproportionately impacted.

Add to this tinderbox the killing of George Floyd, which set into motion a spectrum of reactions that united some yet divided others. For many, and for the first time, the treatment and killing of George Floyd brought into full view one illustration of structural and systemic racism. Protesters staged large-scale demonstrations in Ohio, throughout the country and around the world, expressing outrage at the killing of George Floyd and, more broadly, anger at racism and police brutality.

The political and social climate leading up to and following the 2020 election served as a reminder of Ohio's diverse culture and perspectives. But, so too did the protests and marches that took place in 70 Ohio cities and towns of all sizes where participants ranged from a few dozen to several thousand. As the state association representing the interests of Ohio's Alcohol, Drug Addiction, and Mental Health Boards, OACHBA stands in solidarity with those committed to taking a stance and action to combat the combined and related impacts of racism and health inequities.

On June 5, 2020, the members of the Ohio Association of County Behavioral Health Authorities declared that racism is a public health crisis (below). The work that followed – with the inception of the Health Equity, Diversity, and Inclusion Council – represents OACBHA’s first step toward a lifelong journey to work collaboratively to confront and end racism.



Declaration Racism is a Public Health Crisis

The members of the Ohio Association of County Behavioral Health Authorities declare that racism is a public health crisis. As a driving force of the social determinants of health, racism causes persistent discrimination influencing many areas of life, including healthcare, housing, education, employment, and criminal justice.

OACBHA strongly condemns the death of George Floyd. This unnecessarily brutal tragedy and others like it demonstrate the impact of racism by individuals in power who abuse their authority.

Communities of color, people of low social economic status, and individuals who have disabilities, are more likely to experience poor health outcomes as a consequence of social determinants of health – health inequities stemming from economic stability, education, physical environment, inadequate food and access to healthcare systems, including mental health and addiction. The current COVID-19 pandemic has highlighted and further exacerbated health inequities.

Trauma is often experienced by racial and ethnic population groups as a result of premature deaths, major assaults on culture, and intergenerational lost opportunities. The experience of pervasive racism can itself be traumatic.

The recent deaths and trauma, witnessed by the world, have crystalized the anger and angst born out of a history of pervasive and systemic racism. It is long past time to act. What we have not done before, we must do now. Eradicating racism deserves action from all levels of government and society. We join partners throughout our communities, our state, and our nation committed to shaping new community responses and dynamics.

Our commitment is to:

- Acknowledge racism as a public health crisis and build alliances and partnerships that confront and work collaboratively to end racism.
- Develop local solutions to address disparities and actively engage individuals and communities in racial and social justice work.
- Develop, implement, and support policies and practices to end the inequalities in the health of people of color and mitigate exposure to adverse childhood experiences and trauma.
- Ensure health equity and cultural competence within all mental health and substance use disorder prevention, treatment, and recovery support programs, ensuring services meet the local needs of diverse populations.
- Engage ALL communities to work with state and local behavioral health leaders to develop and promote prevention and awareness efforts designed to reduce stigma, address trauma, and eliminate barriers to care.

We stand in solidarity with everyone seeking to achieve equality and a healthy community where racism is not tolerated.

Approved by the OACBHA Members on June 5, 2020

Health Equity, Diversity, and Inclusion Council

To advance achievement of our Declaration of Racism as a Public Health Crisis, OACHBA established the Health Equity, Diversity, and Inclusion Council, naming Helen Jones-Kelley as Chair. Potential members were identified and contacted to ensure that OACHBA not only talks about racism as a public health crisis, but also educates people on how to recognize, respond to, and overcome our own biases and their impact on discrimination, racism, prejudice, and health equity.

Through the Council, OACBHA and its partners seek to develop tools and resources that Boards and communities can utilize to address discrimination and improve health equity and inclusion. The primary goal of the Council is to develop and implement a strategic plan for supporting and working with Boards and our communities to address racism and develop strategies to improve health equity and inclusion.

Consistent with the Declaration, some of the activities the Council planned to undertake included a review of existing policies, development of new policies, creation of a toolset, identifying data gaps, providing training opportunities, and a number of other endeavors too numerous to mention.

However, as discussed later in this report, the Council quickly realized the importance of changing our immediate focus based on member feedback and the combined effects of the existing racial, social, and political climate, all exacerbated by the COVID-19 pandemic.

2020 – 2021 Council Members

The 2020-2021 Council composition included:

Members:

- **Chair**, Helen Jones-Kelley, Executive Director, Montgomery County ADAMHS
- John Aller, Executive Director, Stark County MHRB
- Alisia Clark, Assistant Director, OhioMHAS
- Tony Coder, Executive Director, Ohio Suicide Prevention Foundation
- Misty Cromwell, Executive Director, Muskingum Area MHRS
- Robin Harris, Executive Director, Gallia-Jackson-Meigs Counties ADAMHS
- Tracy Maxwell Heard, Executive Director, Multiethnic Advocates for Cultural Competence
- Joseph Hill, Bureau Chief, OhioMHAS
- State Rep. Dontavius J. Jarrells (D-Columbus), District 25, Ohio House of Representatives
- Erika Clark Jones, Executive Director, Franklin County ADAMH
- Tia Marcel Moretti, Director of Behavioral Health, CareSource
- Alisha Nelson, Director, Recovery Ohio
- Karen Scherra, Executive Director, Clermont County MHRB
- Scott Sylak, Executive Director, Lucas County MHRB
- Aimee Wade, Executive Director, Summit County ADM

OACBHA Staff:

- Cheri Walter, CEO
- Fonda Freeman, Associate CEO
- Annalee Sekulic, VISTA Member

Facilitator:

- Alicia D. Smith, Managing Member, Alicia D Smith, LLC

Council Framework

A preliminary framework – developed using content from the OACBHA Declaration and Council member feedback – was proposed and subsequently modified to clearly articulate the Council’s aim, shared purposes, and shared measures of impact with the expectation of developing a charter that would set the course for achievement of intended objectives. However, members agreed that accomplishment of meaningful action items during each meeting should drive Council activities rather than focus on typical workgroup processes.

Council Member Perspectives

On the initial call on August 6, 2020, members shared their reasons for agreeing to participate on the Council. The following themes emerged:

- Desire to be intentional to further goals.
- To learn to discuss racial issues more comfortably, particularly given lack of acknowledgement of racism as a problem and/or low numbers of diverse racial/ethnic groups in some areas.
- To identify data sources, understand data gaps, and understand where investments should be made.
- To shine light on areas that are problematic in Board areas (e.g., numbers of persons of color who come into service but do not stay).
- Opportunity to create policy.

Aim

To develop and implement a plan and strategies to reduce health disparities and create health equity by:

- Increasing awareness of the significance of health inequities, their impact, and the actions necessary to improve health outcomes of vulnerable and underserved populations;
- Moving toward eliminating health inequities through funding and policy reforms and strengthening/broadening local Board leadership for addressing health disparities;
- Holding local Boards accountable for addressing the identified needs of community members;
- Prioritizing funding to support community efforts (e.g., training, services, workforce, data, evaluation, performance monitoring, etc.);
- Improving health and healthcare outcomes of racial, ethnic, and underserved populations, particularly for Black and Brown persons and other communities of color;
- Improving data availability, coordination, analysis, utilization, and information sharing to reveal health inequities and disparities; and
- Building the capacity of local Boards to develop and promote solutions to eliminate health disparities and achieve health equity.

Summary of Activities and Accomplishments

The Council met every three to four weeks from August 2020 through June 2021 and participated in facilitated, agenda-driven discussions all geared toward accomplishing intended aims. A high-level summary of 2020-2021 accomplishments is listed below, along with the drivers behind such accomplishments. Drivers reflect expressed needs of Council members and other stakeholders who provided input.

Driver: Desire for honest and difficult conversations about OACBHA's commitment to address racism and health inequities following the killing of George Floyd.

Accomplishment: Development and issuance of the Declaration of Racism as A Public Health Crisis.

Driver: Need to establish a safe space for dialogue, to honestly share perspectives, to plan, and to take action.

Accomplishment: Creation of the Health Equity, Diversity, and Inclusion Council.

Driver: Need for Council meetings to result in actionable, meaningful, and measurable progress.

Accomplishment: Immediate launch of OACBHA's Health Equity, Diversity, and Inclusion webpage and process for approving web age content. (www.oacbha.org/health_equity.php)

Driver: Need to understand active, state-level initiatives focused-on race, health equity, diversity, and inclusion.

Accomplishment: Presentation and in-depth discussion on the DACC survey and CLAS standards (OMHAS), COVID-19 Minority Health Strike Force (RecoveryOhio).

Driver: Importance of a framework and potential approach for advancing the Council's work.

Accomplishment: Overview of the Government Alliance on Race and Equity (GARE) Model and importance of discussing racism across 3 dimensions: Normalize, Organize, and Operationalize; use of a Social Ecological model for benchmarking efforts.

Driver: Need to understand and potentially replicate the structure of existing health equity and diversity, equity, and inclusion efforts among a subset of Boards. Boards are in different stages of implementation and readiness.

Accomplishment: Shared insight, experiences, and resources from Boards. Development of a framework for a health equity roadmap.

Driver: Understand barriers and potential opportunities to advance health equity in rural communities.

Accomplishment: Shared insights from rural Board directors, particularly related to importance of proper messaging of health equity, consideration of competing priorities and limited resources, and need for resources and tools. Shared insights from a rural California Board director and importance of continuously "showing up" to build trust.

Driver: Importance of understanding historical context and impact of racism.

Accomplishment: Need to the work internally to be properly equipped allies. Trainings on the Groundwater Approach (3 trainings with 230 participants and facilitated 12 debriefing sessions).

Driver: Importance of taking stock of feedback from Groundwater Approach training to further inform Council activities and priorities.

Accomplishment: Engaged national experts who provided perspectives on ensuring that the Council takes on a meaningful approach to this important work, including partnering with other organizations for change.

Other Accomplishments:

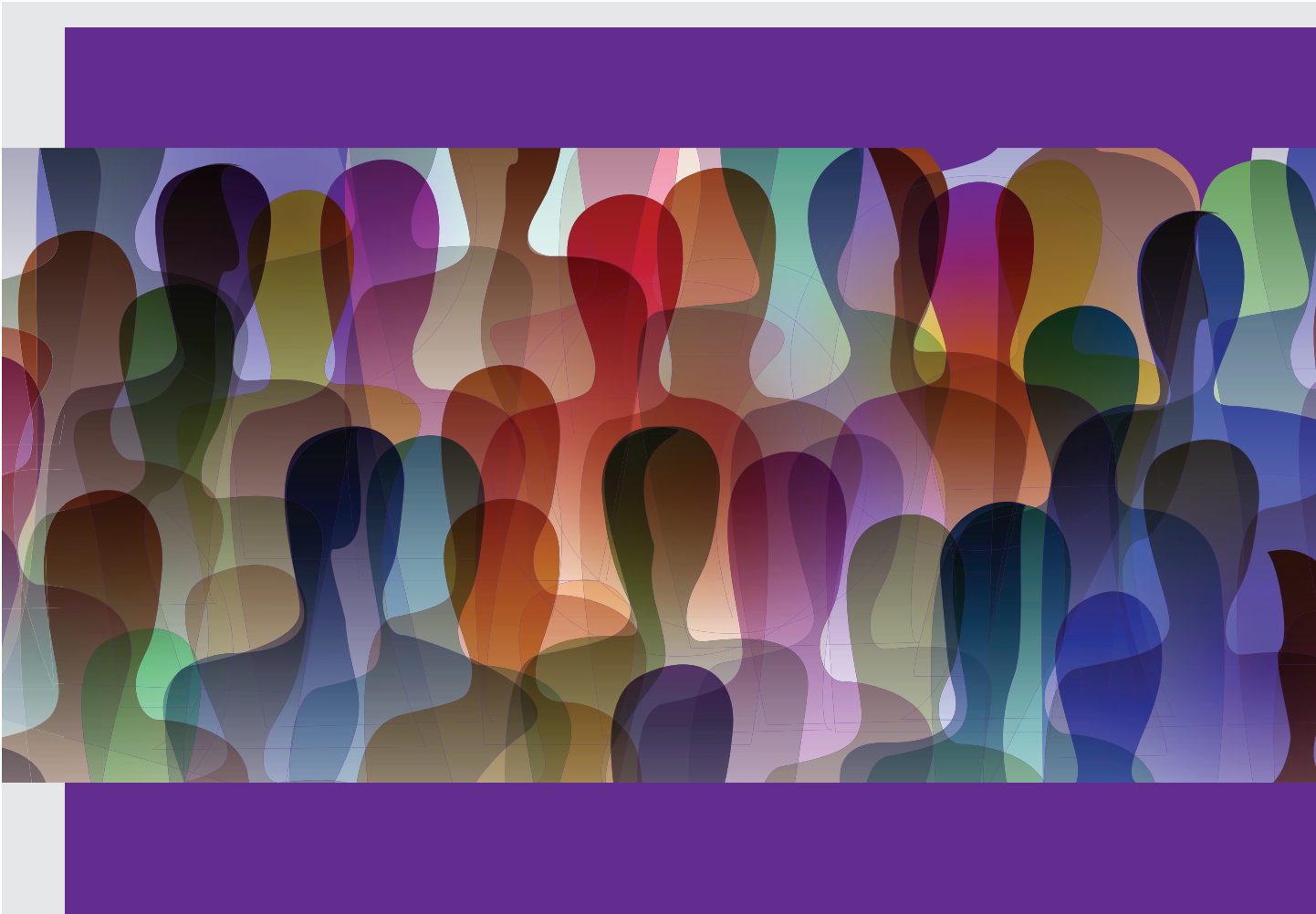
- Expansion of the Council to include consumers and providers.
- Expanded outreach to national experts who are persons of color to speak at the Virtual Recovery Series and the Annual Opioid Conference.

Priorities and Next Steps

The Council discussed the importance of maintaining the dialogue and continuing efforts and identified the following priorities for the coming year (July 2021 through June 2022):

- 1. Create a Safe Space for Interaction between Board Directors:** Book club and/or ongoing affinity group discussions among Board directors to encourage allyship, mentorship, and leadership in communities.
- 2. Establish a Health Equity Leadership Position at OACHBA:** To serve as the point of accountability within OACHBA to ensure a focus on health equity, anti-racism, and health justice.
- 3. Expand CLAS and Cultural Competence Training:** Multiethnic Advocates for Cultural Competence (MACC) received funding from OMHAS to help interested Boards implement Culturally and Linguistically Appropriate Service (CLAS) Standards. MACC is also providing Consider, Accept, Recognize, Execute (C.A.R.E.) training for participants seeking an understanding of Cross-Cultural Competence and the importance of providing Cross-Culturally Competent services.
- 4. Develop a Data Strategy:** Develop a plan to routinely collect data and report information about the composition of individuals receiving services from the public behavioral health system, local Board members and staff, and providers of services.
- 5. Offer Additional OACBHA-Sponsored Training:** Groundwater Approach training continues to expand in Ohio. OACHBA will seek to offer additional training sessions in 2021-2022 utilizing philanthropic funding.
- 6. Develop Toolkits and Other Resources:** Identify resource materials used in Ohio, other states, or for other disciplines that can be modified for use by Boards. Toolkits would ideally support Board directors and staff in developing plans and strategies, position descriptions, and also recommend steps and processes for Boards newly embarking on health equity, anti-racism efforts and help counties understand the diversity in their communities.
- 7. Host Health Equity Academy:** Convene Board directors, members, and staff to learn and share best practices (e.g., toolkits, resources, strategies, etc.). Modeled after the Crisis Academy, OACHBA would host and support convenings in alignment with its Mental Health Technology Transfer Center (MHTTC) programming.
- 8. Support Individual Leadership Development:** Develop, enroll in, or fund local formalized programs that promote individual competencies in equity-grounded leadership so that leaders are equipped to confidently step into their own voice, courage, and power to advance anti-racism and health equity.





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